Health Decisions, Inc.

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February 3, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Repeat MRI Right Knee

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified Orthopedic Surgeon with over 13 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient is a female who was injured on XX/XX/XX from tripping over a box. The patient was diagnosed with a cruciate ligament sprain of the right knee. The patient is status post partial medial meniscectomy repair performed XX/XX/XX. Treatment included physical therapy and corticosteroid injection. There was also a medical probability that there would be some chondral damage that was not evident at the time of arthroscopy therefor a repeat MRI was recommended by the provider.
XX/XX/XX: MRI Report Initial Injury report: The PCL Fibers attach to the acute tibial avulsion fracture fragment. Findings are consistent with full thickness ACL equivalent type injury. Associated tibial bone marrow edema is present. Tear involving the posterior horn the medial meniscus with a predominant horizontal configuration connecting the inferior articular surface. Subtle tear involving the anterior horn of the lateral meniscus. Posterior mid capsular disruption with prominent edema/blood extending into the posterior soft tissue. Mild grade 2 proximal fibular collateral ligament sprain without disruption. Hemarthrosis. Prominent generalized lateral patellar cartilage erosive change.

XX/XX/XX: Office Visit Note: female who presents with a complaint of right knee injury XX/XX/XX with MRI from the MRI center. The pt tripped on a box and fell hard onto the anterior aspect of her knee. She has been worked up at an outside center and had an MRI performed which showed a posterior cruciate ligament tibial avulsion as well as medial meniscus tear. The patient presents here for further evaluation and recommendations of right lower extremity complaints. Exam: Right knee- The patient has a positive posterior drawer and positive medial joint line tenderness. She has a positive McMurray's She has a negative laxity with lateral collateral ligament exam today. She has some posterior calf discomfort as well. We are going to get a duplex US to R/O DVT. Plan: We are going to set the patient up for right knee arthroscopy repair of the PCL back to the proximal tibia as well as a partial medial meniscectomy and possible partial lateral meniscectomy.

XX/XX/XX: Operative Report: Pre-Operative Diagnosis- Right knee PCL avulsion off the tibial with medial meniscus

tear. Post-Operative Diagnosis- Healed PCL avulsion back to the posterior aspect of the tibial with a chondromalacia of the patellofemoral joint, as well as adhesions

XX/XX/XX: Post-operative Office Visit Note: Pt is overall doing well. The pain is mostly over the posterior medial portal. Started on Tramadol as needed for pain. We discussed her arthroscopic images in detail today and the patient understands her diagnosis. We will continue her knee brace at this point. She can start weight bearing as tolerated with walker for assistance. We will see the patient back in 2 weeks and get repeat clinical exam. We will keep the patient off work for the next 4 weeks.

XX/XX/XX: Office Visit Note: Pt has been having some arthralgia in the knee I recommended steroid injections. We injected knee today with lidocaine 8cc and Celestone 2cc. Pt will continue physical therapy for strengthening exercises and ROM. We are going to keep the patient off work for the next 4 weeks. We will see pt back in 2 weeks.

XX/XX/XX: Office Visit Note: Pt is back for recheck of right knee. The pt underwent steroid injection last visit. She has been doing PT for ROM and strengthening exercises. Pt is still having pain. It hurts to move after PT sessions. She is currently only taking tramadol for pain. Start Taking Mobic 15mg Daily. Her injection helped a little bit but did not decrease her pain completely. The pt's extension today is to 5 degrees from full extension; flexion is 100 degrees. We will continue the hinged knee brace for support and PT. We will get Supartz approval for injections and continue no work for the next 4 weeks.

XX/XX/XX: Office Visit Note: The patient is back for check of right knee. Pt has effusion in her right knee. We aspirated off 100cc of clear fluid. We then injected her knee with 40mg of Depo-Medrol. Continue PT see pt back in 2 weeks.

XX/XX/XX: Office Visit Note: The patient still has a little bit of limitation with full extension at this point. She still has a little bit of soreness over posteromedial portal and she still has some arthralgia. I recommend primarily Supartz injections. We will go ahead and get approval through her insurance. We will see her back in 3 weeks.

XX/XX/XX: Office Visit Note: Pt is doing well status post knee arthroscopy. Her ROM and strength is improving, incisions are completely healed. The pt can continue full duty at this point. She can increase her activities as tolerated. We will go ahead and get Maximum Medical Improvement assessment at this time. We will see as a PRN basis.

XX/XX/XX: Office Visit Note: This is a female presenting for evaluation of right knee , complaints. The patient is a worker's comp claim XX/XX/XX. She has been having pain in her right knee and now recently is ambulating with a limp secondary to right knee pain. She presents here for further eval. Exam: The Patient has 1+ effusion. She has positive medial and lateral joint line tenderness. She has some tenderness to palpation over the pes anserinus bursa. She has negative ACL/MCL/LCL laxity noted. She has a negative posterior drawer noted today. She has 10 degrees from full extension noted on her exam. She is unable to get past 10 degrees from full extension. The patient is 5ft 3in and weighs 260 lbs. XR of the right knee shows medial joint line narrowing as well as patellofemoral degenerative changes. Impression: Right knee Possible Medial Meniscus tear. I recommended a hinged knee brace today for support and an MRI to evaluate for possible Medial meniscus tear. Pt will continue her full duty as a dump truck driver.

XX/XX/XX: IRO Determination: The request cannot be supported based on the documentation provided. Re-injury has not been documented in the records reviewed. The claimant has history of prior knee surgery XX/XXXX. There is lack of substantial changes in physical examination findings. There is lack of recent failure of conservative treatment modalities. The Guidelines support repeat MRI of the knee for acute injury or changes in physical exam finding in those with necessity evaluate knee repair tissue. The request for repeat right knee MRI is not certified.

XX/XX/XX: Peer Review: The current diagnosis code is noted to be a tear of the medial meniscus of the right knee. It is unclear what the current physical exam findings are; however, the knee was surgically treated five years previous and there is no indication of any complications presented. At this point a home exercise protocol emphasizing

overall fitness, conditioning and achieving an ideal body weight is all that would be supported.

XX/XX/XX: Letter of Medical Necessity: To whom it may concern: this correspondence is to serve as a letter of appeal for right knee MRI for XX. Her original injury was a right knee PCL avulsion off the femur and medial meniscus tear. She had a partial medial meniscectomy and did not require a PCL reconstruction as the PCL avulsion fracture had healed upon arthroscopy. Although this was healed and did not require reconstruction or repair, there is still some potential for laxity in the knee following any PCL injury. It is also within medical probability that there would be some chondral damage that was not evident at the time of arthroscopy that is associated with her original injury. I respectfully request you reconsider your denial for Ms. XX repeat Right Knee MRI.

XX/XX/XX: IRO Determination: I discussed this case with XX office, who stated she is authorized to do the peer call on behalf of the requesting physician. The request was previously noncertified as there was history of prior knee surgery in XX/XXXX and lack of re-injury as well as lack of substantial changes in physical exam. Additional documentation was submitted with a letter from XX/XX/XX. The previous noncertification is supported based on the guidelines. The Guidelines state repeat MRI would be supported post surgical if there is a need to assess knee cartilage repair tissue. The claimant underwent knee surgery in XX/XXXX. The claimant had complaints of pain in the right knee and transferred service. However, there is no documentation of any current conservative treatment. There is no indication that the claimant's condition has worsened or that the exam findings have changed or new injury. The appeal of a previously noncertified request for repeat MRI of the right knee is not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for a repeat MRI study is denied.

The patient underwent a right knee arthroscopy in XX/XXXX for a medial meniscal tear. The operative report indicated grade 3 chondromalacia in the medial and patellofemoral compartments. Chondroplasty was performed in both regions to address advanced arthritic changes.

Ms. XX reported right knee pain at the XX/XXXX evaluation. Joint line tenderness was identified on examination. Her knee was missing full extension. Plain films of the knee confirmed arthritis in the patellofemoral and medial compartments. Her BMI was consistent with obesity. No new injuries were reported. She was able to continue working at full duty XX.

The Official Disability Guidelines (ODG) supports repeat MRI of the knee if there is a need to assess knee cartilage for repair. This patient's primary source of pain is arthritis of the knee. She had arthritic changes in XXXX, which are now worse. Any possible tearing in the medial meniscus would be a secondary source of pain. A repeat arthroscopy of the knee is unlikely to significantly improve the condition of the injured knee in this obese patient.

Conservative care with physical therapy, medication, and cortisone injection would be more appropriate for this patient than repeat imaging of the knee with MRI in preparation for a second look arthroscopy.

Based on the records reviewed, MRI of the knee is not medically necessary.

Per ODG:

<u>Indications for imaging</u> -- MRI (magnetic resonance imaging):
- Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption.
- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.

- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.
- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.
- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).
- *Repeat MRIs:* Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**